Approved for use through 1031/2002. OMB 6631-0003 U. S. Parent and Trademark Office; U.S. DePAR (MENT OF COMMERCE Under the Progressive Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control parabot.											
PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number 10/722,125											
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)						SMA	LL E	ENTITY	OR	OTHER TO SMALL E	•
FOR		NUMBER FILED		NUMBER BXTRA		RA	TE	FEE		RATE	FEE
	SIC FEE CFR 1.16(sf)							\$	OR		<u>s 770</u>
TOTAL CLAIMS		19 minus 20 =		• 0		x S_	_=		OR	x \$=	0
INDEPENDENT CLAIMS GT CFR 1.1(6))		2 mimus 3 =		• 0		×			OR	×	0
MULTIPLE DEPENDENT CLAIM PRESENT 07 CFR LIGG)						+_	-=		<b>O</b> R	+=	. 0
● If the difference in column I is less than zoro, enter "O" in calumn 2								0.	OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Cohuma 1) (Cohuma 2) (Cohuma 3)						SMZ	ILL 8	ENTITY	OR	OTHER T	
AMENDMENT A	REM. AF	AIMS AINING TER DMENT	PRE	CHEST  JMBER  JIOUSLY  ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total + 07 CFR 1.16(c))	17 Minus	**	20	= 0.	× \$	_=		OR OR	x S=	0
	Independent *	3 Minus	***	3	- 0	x _	_=		OR	×=	0
*	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CPX 1.1941)								OR	+ <u></u> =	0
?-	7-13-06 (Column 1) (Column 2) (Column 3)						TAL PEE	0	OR	TOTAL DDIT. FEE	0
AMENDMENT B	REM. AF	AIMS CONTING TER IDMENT	PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEP
	Total *	5 Minus	**	20	- B	<u> </u>	_=		OR OR	× S=	
	Independent (UT CFR 1.16(b))	2_ Minus	***	3	-6	<u>*_</u>			OR	x=	
. ` .	FIRST PRESENTAT	ION OF MULTIPLE	DEPENDÊN	T.CLAIM	COLOR TREES	<b>∤</b> }	=		OR	+ <u></u> =	
(Column 1) (Column 2) (Column 3)							FEE	0	OR	TOTAL DDIT. FEE	0
AMENDMENT C	REM/	AIMS AINING TER IDMENT	PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	те	ADDI- TIONAL FEE		RATE	· ADDI- TIONAL FEE
	Total *	Minus	**		=	x \$	^		OR	× \$=	
ME	Independent *	Minus	***		-	×_			OR OR	×=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CM 1.1440)								OR	+	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL 0 OR TOTAL 0 ADDIT. FEE ADDIT. FEE											0
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tixed in the appropriate box in column 1.											